Company Tracking Number: GALIC GASBG-1-0009

TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other

Product Name: Medicare Supplement

Project Name/Number: Medicare Supplement Advertising/GASBG-1-0009

## Filing at a Glance

Company: Great American Life Insurance Company

Product Name: Medicare Supplement SERFF Tr Num: UTAC-125860011 State: ArkansasLH TOI: MS06 Medicare Supplement - Other SERFF Status: Closed State Tr Num: 40581

Sub-TOI: MS06.000 Medicare Supplement -

Other

Filing Type: Advertisement Co Status: Reviewer(s): Stephanie Fowler

Author: Jackie Cunningham Disposition Date: 11/14/2008
Date Submitted: 10/15/2008 Disposition Status: Filed

Implementation Date:

Co Tr Num: GALIC GASBG-1-0009 State Status: Filed-Closed

Implementation Date Requested: On Approval

State Filing Description:

#### **General Information**

Project Name: Medicare Supplement Advertising Status of Filing in Domicile: Authorized

Project Number: GASBG-1-0009

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Filing Status Changed: 11/14/2008

State Status Changed: 11/14/2008 Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The enclosed advertisement is submitted for your review and approval. The form is new and does not replace any forms previously approved by your department. The advertisement will be used by our agents to market Medicare supplement policies that have been approved in your state.

To the best of my knowledge and belief, this submission complies with all statutes, rules and regulations concerning insurance in your state.

Company Tracking Number: GALIC GASBG-1-0009

TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other

Product Name: Medicare Supplement

Project Name/Number: Medicare Supplement Advertising/GASBG-1-0009

### **Company and Contact**

#### **Filing Contact Information**

Melissa MacLaurin, Compliance Analyst mmaclaurin@gafri.com 11200 Lakeline Blvd Ste 100 (512) 807-4794 [Phone]

Austin, TX 78717

**Filing Company Information** 

Great American Life Insurance Company CoCode: 63312 State of Domicile: Ohio 11200 Lakeline Blvd., Suite 100 Group Code: 84 Company Type: Insurance

Company

P.O. Box 559002

Austin, TX 78755-9002 Group Name: State ID Number:

(800) 880-8824 ext. [Phone] FEIN Number: 13-1935920

-----

# **Filing Fees**

Fee Required? Yes
Fee Amount: \$25.00
Retaliatory? No

Fee Explanation:

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

Great American Life Insurance Company \$25.00 10/15/2008 23199015

Company Tracking Number: GALIC GASBG-1-0009

TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other

Product Name: Medicare Supplement

Project Name/Number: Medicare Supplement Advertising/GASBG-1-0009

# **Correspondence Summary**

## **Dispositions**

Status	Created By	Created On	Date Submitted
Filed	Stephanie Fowler	11/14/2008	11/14/2008

Company Tracking Number: GALIC GASBG-1-0009

TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other

Product Name: Medicare Supplement

Project Name/Number: Medicare Supplement Advertising/GASBG-1-0009

# **Disposition**

Disposition Date: 11/14/2008

Implementation Date:

Status: Filed Comment:

Rate data does NOT apply to filing.

Company Tracking Number: GALIC GASBG-1-0009

TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other

Product Name: Medicare Supplement

Project Name/Number: Medicare Supplement Advertising/GASBG-1-0009

Item Type Item Name Item Status Public Access

Form Med Supp Flyer Filed Yes

Company Tracking Number: GALIC GASBG-1-0009

TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other

Product Name: Medicare Supplement

Project Name/Number: Medicare Supplement Advertising/GASBG-1-0009

#### Form Schedule

Lead Form Number: GASBG-1-0009

Review	Form	Form Type Form Name	Action	<b>Action Specific</b>	Readability	Attachment
Status	Number			Data		
Filed	GASBG-1-	Advertising Med Supp Flyer	Initial		0	GASBG-1-
	0009					0009 (10-13-
						08).pdf

# Understanding Your MEDICARE BENEFITS





# [2008 Medicare Part A]

Part A is Hospital Insurance and covers costs associated with confinement in a hospital or skilled nursing facility.

When you are hospitalized for:	Medicare Covers:	You Pay: (per benefit period)
1-60 days	Most confinement costs <u>after</u> the required Medicare Deductible.	[ <b>\$1,024</b> DEDUCTIBLE]
61-90 days	All eligible expenses, <u>after</u> the patient pays a per-day copayment.	[\$256 A DAY COPAYMENT as much as \$7,680]
91-150 days	All eligible expenses, <u>after</u> patient pays a per-day copayment.  (These are Lifetime Reserve Days which may never be used again.)	[\$512 A DAY COPAYMENT as much as \$30,720]
151 days or more	NOTHING	YOU PAY ALL COSTS
At least 3 days and enter a Medicare approved <b>SKILLED NURSING FACILITY</b> within 30 days after hospital discharge	All eligible expenses, for the first 20 days; then all eligible expenses for days 21-100, after patient pays a per-day copayment.	After 20 days [\$128 A DAY COPAYMENT as much as \$10,240]



Supplemental Benefits Group

#### Our Companies include:

Central Reserve Life Insurance Company Continental General Insurance Company Great American Life Insurance Company<sup>®</sup> Loyal American Life Insurance Company<sup>®</sup> Provident American Life & Health Insurance Company United Teacher Associates Insurance Company

Each insurer has sole financial responsibility for its own products.

GASBG-1-0009 10/13/08

# Understanding Your MEDICARE BENEFITS





# [2008 Medicare Part B]

Part B is Medical Insurance and covers physician services, outpatient care, tests and supplies.

On expenses incurred for:	Medicare Covers:	You Pay \$135 Annual Deductible PLUS:
Medical Expenses Physician's services, inpatient, outpatient medical/surgical services, physical/speech therapy*, diagnostic tests and durable medical equipment	Generally 80% of approved amount (subject to Part B deductible)	Generally 20% of approved amount**
Clinical Laboratory Services Blood tests for diagnostic services	Generally 100% of approved amount (not subject to Part B deductible)	Nothing for services
Home Health Care Part-time or intermittent skilled care, home health aide services, durable medical supplies and other services	100% of approved amount (not subject to Part B deductible); 80% of approved amount for durable medical equipment (subject to Part B deductible)	Nothing for services; 20% of approved amount for durable medical equipment
Outpatient Hospital Treatment Services for the diagnosis or treatment of an illness or injury	Generally 80% of approved amount (subject to Part B deductible)	Generally, 20% of billed amount
Blood	After first three pints of blood, 80% of approved amount (subject to Part B deductible)	First three pints plus 20% of approved amount for additional pints

[\* In 2008, there may be limits on physical therapy, occupational therapy, and speech-language pathology services. If so, there may be exceptions to these limits.]

Limitations and exclusions apply. Premium and benefits vary by plan selected. Plan availability varies by state. This policy has exclusions, limitations, reductions of benefits and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage call or write your insurance agent or the company. Neither Great American Supplemental Benefits, its companies, nor its agents are connected with or endorsed by Medicare, Social Security, or any other governmental agency. Do not send any money. You must first complete an application to obtain benefits. POLICY PROVIDES LIMITED BENEFITS. The purpose of the marketing material is solicitation of insurance and that contact will be made by an insurance producer or insurance company.

<sup>\*\*</sup> On all Medicare-covered expenses, a doctor or other health care provider may agree to accept Medicare "assignment." This means the patient will not be required to pay any expense in excess of Medicare's "approved" charge. The patient pays only 20% of the "approved" charge not paid by Medicare. Physicians who do not accept assignment of a Medicare claim are limited as to the amount they can charge for covered services.

Company Tracking Number: GALIC GASBG-1-0009

TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other

Product Name: Medicare Supplement

Project Name/Number: Medicare Supplement Advertising/GASBG-1-0009

## **Rate Information**

Rate data does NOT apply to filing.